**Collin County Grant Summary Form** 

Department Name	001111111	Journey Gra			with and algebra	ania conv of the	
Department Name	Submit completed form along with one electronic copy of the						
Collin County Juvenile Probation Services Contact Person (Grant Liaison)			grant application and all supporting documentation to the Auditor's Office not less than 14 days prior to the scheduled Commissioner Court meeting. If you have any questions				
Title	Phone / Exten	sion			_,		
Director	x6470						
		Grant De	scription				
Grant Title and Funding Yea	ar		Funding Source Applicat			ation Type	
Juvenile Justice & Delinquency Prevention (JJDP), FY 20			_			ınt	
Grantor (include sub-granting agencies)			✓ Federal				
Office of the Governor (OOG)	Division (CJD)	☐ Other:		☐ Amendm	Amendment		
		Payment Method					
				bursement	Other:		
Application/Award Deadline	Requested Co	mm. Court	<b>Grant Period</b>				
February 26, 2016	-	15, 2016	Septembe	r 1, 2016 to	Augus	t 31, 2017	
Brief Description	,		•	,	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
·				,			
Grant Categories /	Federal Funds	State Funds	Local Funds	County	In-Kind	Total	
Funding Sources	r ederai i dilus	State Fullus	Local i ulius	Match	Match		
Personnel						\$ -	
Operating	\$ 95,250.00					\$ 95,250.00	
Capital Equipment						\$ -	
Indirect Costs						\$ -	
Total	\$ 95,250.00	\$ -	\$ -	\$ -	\$ -	\$ 95,250.00	
# of FTEs						0	
						•	
Performance Mea	sures		Current FY Progress to Date			Next FY	
Applicable Outcome Measures		Q1	Q2	Q3	Q4	Projected	
Provide mental health treatme juveniles	ent for 50						
Provide mentoring services for 50 juveniles							
Reduce justice system involvement for 90% of project participants							
The Department named above for the management of any further forth by the Grantor and its redepartments. To that end, plood Grant Summary Form Memo of request to Corol Electronic copy of the Corol Approval to apply Courol All attachments, back-to-	nds awarded to the lated agencies or ease find enclose simmissioner Courbriginal, completed to Order (for award	ne County under agents, as well d the following in t for application/aw d application/aw d only)	r this grant, and as those of the tems for initial re award acceptar ard	will adhere to a County, and its eview:	ny polices and financial and a	procedures set	
Completed by:							
Lynn Hadnot							
Department Head / Designee Printe	ad Name	Signature			Date		

## **Grant Resource-Benefit Summary**

Grant Title			Contact Person (Grant Liaison)				
Juvenile Justice & Delinquency Prevention (JJDP), FY 2017			Lynn Hadnot				
Grant Period			Phone / Ext	Department			
September 1, 2016 to	August 3	August 31, 2017		Collin County Juvenile Probation Services			
COUNTY RESOURCES REQUI	RED						
Match	Amount	Identify	y Match Source	Benefits to County and Citizens			
1) Cash	\$ -			\$95,250 to provide community based mental health treatment a mentoring services for youth referred to Juvenile Probation Ser			
2) In-Kind	\$ -			mentoring services for youth referred to suve	Tille Propation Services		
☑ No Match Required							
Implementation / Start Up	Amount	D	escription				
1) Equipment			•				
2) Training		1	-				
3) Inter-departmental / Other:		1					
☑ No Implem / Start-up Costs							
Operational / Maintenance	Amount	D	escription				
1) Recurring Maintenance							
2) Salary / Benefits							
3) Continuing Ed / Training							
4) Office / Program Space							
5) Travel							
6) Other:							
✓ No Oper / Maintenance Cost	ts						
NON-COUNTY RESOURCES R	_						
Match	Amount	Identify T	y Match Source	1			
1) Voluntary / Donation	1						